

Invitation of quotation  
for  
RAMS Nasal Canulla for NIV ventilation for  
children  
At  
All India Institute of Medical Sciences, Jodhpur

Inquiry No.: : Admin/Gen/19-14/2022-AIIMS.JDH

Inquiry Issue Date : 15<sup>th</sup> December, 2022

Last Date of Submission : 21<sup>st</sup> December, 2022 at 03:00 PM.



**All India Institute of Medical Sciences, Jodhpur**

Basni Phase - II, Jodhpur – 342005, Rajasthan

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**Invitation of quotation for RAMS Nasal Canulla for NIV  
ventilation for children at AIIMS Jodhpur**

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Jodhpur for RAMS Nasal Canulla for NIV ventilation for children for the Institute as per terms & conditions mentioned below. The filled quotations along with all the required document must reach in the office of the undersigned on or before 21.12.2022 03.00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

**“QUOTATION FOR RAMS NASAL CANULLA FOR NIV  
VENTILATION FOR CHILDREN AGAINST INQUIRY NO.  
ADMN/GEN/19-14/2022-AIIMS.JDH” DUE ON 21.12.2022 03.00 PM”**

**1. Terms & Conditions:**

- A) The quotations received unsealed and after the deadline shall not be entertained under any circumstances whatsoever. In case of postal delay this Institute will not be responsible. **The offer Submitted through Fax/Email shall not be considered and no correspondence will be entertained in this matter.**
- B) Quotations must be in the enclosed prescribed Porforma (Annexure – 2) on the letter head of the firm duly signed by the Proprietor/ Partner/ Director or their authorized representative, In case of signing of quotation by the authorized representative letter of authorization must be attached with the quotation. Quotation must be dropped in “**Quotation Box**” located in Administration Block of AIIMS, Jodhpur.
- C) Rates must be quoted in **Indian rupees (INR)** and as per the format specified taxes extra if any must be written separately.
- D) Rates must be quoted FOR basis (including Freight charges, Insurance, installation etc.)
- E) No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.
- F) The rates quoted must be valid for 60 days minimum from the date of opening of the quotation and silence of any tendered on this issue shall be treated as agreed with this condition.
- G) Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.
- H) RTGS/NEFT details need to be furnished by the supplier with the quotation on the letter head of supplier/firm/agency.
- I) The firm/agency may satisfy the following conditions and attach self-attested copy of the same with the quotation:
- Firm shall be registered with the Government of Central/ State Government.
  - The firm shall have valid GST/Other taxes and IT PAN.
  - **The firm should not be black listed by any Govt. Agency/Dept.**
- J) Quotations qualified by such vague and indefinite expressions such as “subject to prior confirmation”, “subject to immediate acceptance” etc. will be treated as vague offers and rejected accordingly. Any conditional quotation shall be rejected summarily.

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- K) **Delivery Period** – within 30 days from Purchase order.
- L) **Liquidated Damage:** - If the supplier fails to deliver the material on or before the stipulated date, then a penalty at the rate of 0.5 % per week of the total order value shall be levied subject to maximum of 10% of the total order value.
- M) **Payment Terms:** Payment will be only after satisfactorily delivery / commissioning of material and after inspection by the AIIMS Jodhpur.
- N) **Disputes:** -In the event of any dispute or disagreement arising between the contractors and any other department of AIIMS Jodhpur with regards to the interpretation of “Terms & Conditions” of this inquiry, the same shall be referred to the Director, AIIMS Jodhpur whose decision will be final and binding upon the contractor.
- O) AIIMS, Jodhpur reserves the right to increase or decrease quantity and / or amount of work. Decision of Quantity of material in the AIIMS, Jodhpur will be final in this regard.
- P) AIIMS, Jodhpur reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of the AIIMS, Jodhpur will be final in this regard.

**2. Special Terms & Conditions:**

- A) **Bidder must quote the product as per specification provided in Annexure 1.**
- B) **Catalog must be attached with quotation for technical evaluation.**
- C) **The supplier may be asked to arranging demonstration of their equipment for which rates have been quoted, to the AIIMS Jodhpur, if required. The expenditure incurred for demonstrating the items will be borne by the supplier.**

**Deputy Director (Admin.)**

Encl.: Annexure 1 (Specification)  
Annexure 2 (Format of price bid)

**Annexure 1**

Sr. No.	Item Name	Specification	Size	Qty.
1	RAMS Nasal Canulla	<ul style="list-style-type: none"> <li>For use with low/high flow oxygen.</li> <li>Should be able to deliver PEEP of 5 cm H2O upto 8 cm H2O.</li> <li>Should be capable to be connected with Resuscitation bag/I-piece Resuscitators to deliver CPAP/PPV.</li> <li>Should be capable of being connected with Ventilator on NIV mode to deliver IMV/SIMV of CPAP or as a regular O2 Cannula.</li> <li>Can be used with or without humidity.</li> <li>Soft, curved prongs.</li> <li>Color coded sizes.</li> <li>15 mm oxygen tubing adapter included.</li> <li>Not made with natural rubber latex or plasticizer DEHP.</li> <li>Individually packaged.</li> <li>ISO 13485 certified.</li> </ul>	Micro Premie	10 Pcs.
			Premie	10 Pcs.
			Newborn	10 Pcs.
			Infant	15 Pcs.
			Small	15 Pcs.
			Medium	15 Pcs.
			Large	15 Pcs.
2	Infant Cannulaide Nasal CPAP Protection seal	<ul style="list-style-type: none"> <li>It should be made from extremely gentle non-irritant hydrocolloid material.</li> <li>It should be bio engineered opening for prongs to enable near perfect pressure seal.</li> <li>It must fit to popular brands of nasal prongs.</li> <li>It should complete with Velcro strips for securement of CPAP Prongs to enable near perfect pressure seal.</li> <li>It should be Latex free.</li> <li>It should be in four Size (400 gm to 4000 gm) 0,1,2 &amp; 3</li> <li>It should be CE Certified.</li> </ul>	0	50 Pcs.
			1	50 Pcs.
			2	50 Pcs.
			3	50 Pcs.

❖ Make should be CNC Medial, Respicare, Pnemocare, Lifesol, Hamilton & Portex.

**Note: -**

- **The Bidder must quote single Make.**
- The bidder must quote their quotation only in the prescribed format (Annexure-II) on the letter head of firm otherwise quotation will be **REJECTED**.
- Catalog must be attached with quotation for technical evaluation.
- **The supplier must submit the Manufacturer Authorization Certificate.**

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**ANNEXURE "2"**  
**PRICE BIDFORM**

To,

The Deputy Director (Admin.),  
AIIMS, Jodhpur.

Dear Sir,

1. I/We ..... Submit the quotation for Enquiry No. "QUOTATION FOR RAMS NASAL CANULLA FOR NIV VENTILATION FOR CHILDREN AT AIIMS AGAINST THE INQUIRY NO. ADMN/GEN/19-14/2022-AIIMS.JDH" DUE ON 21.12.2022 03.00 PM for RAMS Nasal Canulla for NIV ventilation for children at AIIMS Jodhpur".
2. I/We have thoroughly examined, understood and accepted terms & conditions given in the enquiry document, failing which my quotation will be rejected out rightly.
3. I/We hereby offer to supply at the following rates.

S. No	Particular	Size	Qty.	Quoted Make	Price/Unit Exclusive of GST (INR)	GST/Other Taxes	Price/ Unit Inclusive of GST (INR)	Total Cost Inclusive of GST (INR)	MRP
1	RAMS Nasal Canulla	Micro Preemie	10 Pcs.						
		Preemie	10 Pcs.						
		Newborn	10 Pcs.						
		Infant	15 Pcs.						
		Small	15 Pcs.						
		Medium	15 Pcs.						
		Large	15 Pcs.						
2	Infant Cannulaide Nasal CPAP Protection seal	0	50 Pcs.						
		1	50 Pcs.						
		2	50 Pcs.						
		3	50 Pcs.						

Date \_\_\_\_\_

Place \_\_\_\_\_

Name of Firm/Company/Agency \_\_\_\_\_

GSTIN No.: \_\_\_\_\_

Bank Name:- \_\_\_\_\_

Bank Account No.: \_\_\_\_\_

IFSC Code:- \_\_\_\_\_

Branch Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

Email: \_\_\_\_\_

(Signature of Authorized Person) \_\_\_\_\_

(Name) \_\_\_\_\_

Seal: \_\_\_\_\_